Certified Tax Collector RECORD OF CONTINUING EDUCATION / CERTIFICATION RENEWAL

RECORD	OF CONTINUING EDUCA	HON / CERTIFICE	(I IOI			/AL	
Please complete the following	certificate information:						
Name (please print)	CTC No.	Exp. Date					
Home Address:							
Home Phone:	Work phone:	E-Mail:					
			i				
As you complete an approved seminar for continuing education conta as appropriate. List the number of approved hours in the appropriate subject Notice CERT-95-1.		act hours, fill in each column column. See Local Finance	Finance		Reporting/Billing and Collection	General/Secondary Duties	tion ogy (1)
Course No.	Name of Seminar	Sponsor	Enforcement	Legislation	Reportir and Coll	General/ Duties	Information Technology (optional)
		<u> </u>					
	COUL	<u>numity </u>					
	— Aff	-					
	AII	airs					

As you complete an approved seminar for continuing education contact hours, fill in each column as appropriate. List the number of approved hours in the appropriate subject column. See Local Finance Notice CERT-95-1.				Legislation	Reporting/Billing and Collection	General/Secondary Duties	Information Technology (optional)		
Course No.	Name of Seminar	Sponsor	Enforcement	Leg	Rep	Genera Duties	Info Tec (op		
		/ //							
		(
	Total Cradit Hausa	<i>y</i>							
	Total Credit Hours								
Renewal requires com (2) contact hours in each of the and in Information Technology	pletion of 15 contact hours of continuing educa ne subject areas, except "Enforcement", in which y, which is an optional category.	ation credit. Applicants fo ch applicants must obtain	r renewal a minimu	must o um of th	btain a ree (3)	minimum contact h	of two ours,		
Certification of Attendance:									
I	PRINT NAME , CTC #		certi	certify that I have attended the educa-					
tional programs noted above w	PRINT NAME thich are required for the renewal of my certified	tax collector certificate. I	understar	nd that a	ny willf	ul misrepr	resenta-		
• • •	s for suspension or revocation of my certification nce at the above seminars anytime within six (6) mo					^l overnmen	t Services		

Upon completion of the continuing education requirements, please forward the application to: Certification Unit, Division of Local Government Services, P.O. Box 803, Trenton, New Jersey 08625-0803. Applications must be accompanied by a check or money order for \$50 made payable to the State Treasurer. THE APPLICATION FEE IS NOT REFUNDABLE. Please contact the Division of Local Government Services at (609) 292-4656 if you have any questions concerning completion of the application.

Signature: